

True Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/13/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology And Pain Management

Description of the service or services in dispute:

Diagnostic lumbar facet injection left L3-4, with flyroscopy and monitored anesthesia, outpatient

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male who reported an injury on XX/XX/XX. The mechanism of injury occurred when the patient slipped off a ladder. The MRI of the thoracic spine performed on XX/XX/XX revealed no evidence of disc bulge, herniation, or central canal or foraminal stenosis. The MRI of the lumbar spine from XX/XX/XX revealed findings of mild lumbar facet arthrosis without significant spondylosis, discernable disc herniation, or notable disc bulge. There was no lumbar canal stenosis or neural foraminal narrowing.

Synovial and/or perineural cyst anterior to both L2-3 facet joints and right L3-4 facet joints as well as several lower thoracic levels, the largest measuring 9 mm greatest dimension. The patient underwent a previous facet injection on XX/XX/XX at the bilateral L2-3 and bilateral L3-4. The clinical note from XX/XX/XX indicated the patient had complaints of low back pain. The patient complains of bilateral upper lumbar, bilateral midlumbar, and bilateral lower lumbar pain. The pain was an 8/10 and the symptoms are gradually worsening. The patient reports he feels confused at times with fatigue from the pain. It was noted the patient underwent a previous lumbar facet intra-articular injection on XX/XX/XX. The anesthetic blockade produced complete relief of the patient's usual pain. The patient had a positive steroid response with 50% relief of usual pain. The relief lasted for 7 days. The examination noted the patient had hyperalgesia in the following dermatomes including the T11-12 and T10-11. The patient had no weakness noted in the L1-S1 dermatomes. The patient had 2+ deep tendon reflexes at the patella and 1+ at the Achilles. The patient's gait was antalgic and kyphotic. The patient had a negative straight leg raise. Range of motion was limited by pain. It was recommended that the patient receive a diagnostic lumbar dorsal medial broad based at the L3-4 facet. It was recommended as the bilateral L3-4 facet was symptomatic during the procedure and he had 100% local response, 50% steroid relief for 7 days and then the same pain returned. It was noted that if the patient does get a positive dorsal median branch block then a radiofrequency ablation would be requested.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The Official Disability Guidelines note that facet joint diagnostic blocks are indicated for patients with facet joint pain signs and symptoms that are limited to the low back and that are nonradicular. The patient needs to have failed conservative treatment. No more than 2 facet joint levels are to be injected in 1 session. The use of IV sedation may be grounds to indicate the results for diagnostic block and should only be given in cases of extreme anxiety. The documentation indicated the patient previously had 100% local response and 50% steroid relief for 7 days with the previous facet block. A second facet joint injection was being requested to assess if the patient had a positive response, and if the results are positive, the patient may be a candidate for radiofrequency ablation. The patient had MRI evidence of facet arthrosis and facet cysts. However, there was no indication the patient had any findings of extreme anxiety to warrant the use of IV sedation with the facet joint diagnostic block. As such, the previous determination is upheld, and the requested Diagnostic lumbar facet injection left L3-4, with flyroscopy and monitored anesthesia, outpatient is not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)